

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214544176				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: John Hancock Insurance Agency, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2014</p> <p>SCC ID NO: F1835984</p> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED					
COMMON	2,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 197 CLARENDON ST.</p> <p style="margin-left: 40px;">CITY/ST/ZIP: BOSTON, MA 02116</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN A FINCH TITLE: PRESIDENT ADDRESS: 601 CONGRESS ST CITY/ST/ZIP/CO: BOSTON, MA 02210 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVEN A FINCH TITLE: PRESIDENT ADDRESS: 601 CONGRESS ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVEN A FINCH TITLE: PRESIDENT ADDRESS: 601 CONGRESS ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN COLLINS TITLE: DTR/VP ADDRESS: 601 CONGRESS ST CITY/ST/ZIP/CO: BOSTON, MA 02210 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRIAN COLLINS TITLE: DTR/VP ADDRESS: 601 CONGRESS ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRIAN COLLINS TITLE: DTR/VP ADDRESS: 601 CONGRESS ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SIMONETTA VINDETTELLI TITLE: VICE PRESIDENT ADDRESS: 601 CONGRESS ST CITY/ST/ZIP/CO: BOSTON, MA 02210 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SIMONETTA VINDETTELLI TITLE: VICE PRESIDENT ADDRESS: 601 CONGRESS ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SIMONETTA VINDETTELLI TITLE: VICE PRESIDENT ADDRESS: 601 CONGRESS ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD DEMONTINGY TITLE: ASSISTANT VP ADDRESS: 197 CLARENDON ST. CITY/ST/ZIP/CO: BOSTON, VA </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICHARD DEMONTINGY TITLE: ASSISTANT VP ADDRESS: 197 CLARENDON ST. CITY/ST/ZIP/CO: BOSTON, VA	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RICHARD DEMONTINGY TITLE: ASSISTANT VP ADDRESS: 197 CLARENDON ST. CITY/ST/ZIP/CO: BOSTON, VA	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN HEAPPS TITLE: VICE PRESIDENT ADDRESS: 197 CLARENDON ST. CITY/ST/ZIP/CO: BOSTON, VA </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRIAN HEAPPS TITLE: VICE PRESIDENT ADDRESS: 197 CLARENDON ST. CITY/ST/ZIP/CO: BOSTON, VA	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN HEAPPS TITLE: VICE PRESIDENT ADDRESS: 197 CLARENDON ST. CITY/ST/ZIP/CO: BOSTON, VA	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WALLACE THOMPSON TITLE: VICE PRESIDENT ADDRESS: 2 QUEEN ST. E. CITY/ST/ZIP/CO: TORONTO, ON, M5G 3, CANADA , , FN </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WALLACE THOMPSON TITLE: VICE PRESIDENT ADDRESS: 2 QUEEN ST. E. CITY/ST/ZIP/CO: TORONTO, ON, M5G 3, CANADA , , FN	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WALLACE THOMPSON TITLE: VICE PRESIDENT ADDRESS: 2 QUEEN ST. E. CITY/ST/ZIP/CO: TORONTO, ON, M5G 3, CANADA , , FN	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN MOORE TREASURER 250 BLOOR ST. E. , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EMANUEL ALVES SECRETARY 601 CONGRESS ST. BOSTON, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSALIE CALABRARO ASST SECRETARY 601 CONGRESS ST. BOSTON, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERONIKA CHAYADY ASST SECRETARY 601 CONGRESS ST. BOSTON, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL SANTILLI CFO 601 CONGRESS ST. BOSTON, MA 02210	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN TUCKER ASST SECRETARY 601 CONGRESS ST. BOSTON, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KWONG YIU ASST SECRETARY 200 BLOOR ST. E. , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KWONG YIU	KWONG YIU, ASST SECRETARY	9/24/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			